

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10612030**
APPLICANT(S)

FILING DATE **07-01-03**

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
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31						
32	1					
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39	1					
40		1				
41		1				
42		1				
43		1				
44		1				
45						
46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	11					
TOTAL CLAIMS	13					

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51												
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TOTAL DEP.												
TOTAL CLAIMS												